

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.....)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 26821
St. Ward) 7010

2. FULL NAME

(a) Residence, No. City of Germany St.
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Cummings deceased</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10/4/1853</u>		
7. AGE <u>80</u>	YEARS <u>9</u>	MONTHS <u>11</u>
		DAYS <u>11</u>
		If LESS than 1 day, hrs. min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Seamstress</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis

13. NAME Henry Schuibest

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Schubert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Jordan

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter's DATE July 18, 1934

19. UNDERTAKER (ADDRESS) John P. Collins & Son

20. FILED 17 1934
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-27-, 1929, to 7-15-, 1934.

I last saw her alive on 7-15-, 1934. Death is said

to have occurred on the date stated above, at 6:25 m.
The principal cause of death and related causes of importance were as follows:

131 Chronic myocarditis Date of onset 1929

131 arteriosclerosis 1929

Other contributory causes of importance:

Chr. nephritis 1929

arteriosclerosis 1929

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Marvin T. Han, Jr., M. D.

(Address) 5600 Arsenal

